Lamont Hunter PCT International Division (703) 305-3686

olication or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

10/069649

		CLAIMS A	S FILED -	PART			:	SMALL ENTITY			OTHER THAN		
			(Column 1)		(Column 2)			TYPE		OR	•		
TOTAL CLAIMS								RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		OR	BASIC FEE	890	
TOTAL CHARGEABLE CLAIMS			⇒ 6 minus 20=		* B			X\$ 9=		OR	X\$18=	144	
INDEPENDENT CLAIMS					*			X42=		OR	X84=		
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+140=		OR	+280=		
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in column 2			TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II										_	OTHER	THAN	
		(Column 1)		(Colun		(Column 3)	_	SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	CLAINA	=] [X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=		
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
			NUUII. FEE I			ADDII. FEET							
		(Column 1) CLAIMS		(Colun	EST	(Column 3)	1 г		ADDI-			ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						」 ├						
		•					L	+140=		OR	+280=		
		•					TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE			
		(Column 1)		(Colum	nn 2)	(Column 3)	_						
AMENDMENT C	y www.series.com	CLAIMS REMAINING AFTER AMENDMENT	i Ar es	HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+140=		OR	+280=		
** [f the "Highest Nur	mber Previously Pa	id For IN THIS	S SPACE is	less than	20, enter "20."	 AI	TOTAL DDIT. FEE		OR A	TOTAL DDIT. FEE		
		mber Previously Pa ber Previously Paid							ropriate box				